

# Civil Air Patrol

## Application for Employment

Civil Air Patrol  
105 S. Hansell Street  
Maxwell AFB AL 36112-6332  
Office (334) 953-7750  
Fax (334) 953-4262

*Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department.*

Please Print

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

NAME: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Name First Name Middle Initial

Street Address City State Zip Code

Other Names Previously Used Under Which Your Records May be Located: \_\_\_\_\_

Required Salary: \$ \_\_\_\_\_ When Can You Begin Work(Date) \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

Specify Work Desired: ☐ Full-time ☐ Part-time ☐ Temporary Service

Do you object to working overtime? ..... ☐ YES ☐ NO

Can you work overtime without notice? ..... ☐ YES ☐ NO

Can you work weekends? ..... ☐ YES ☐ NO

Can you travel if required? ..... ☐ YES ☐ NO

Do you have a current driver's license? ..... ☐ YES ☐ NO ..... State \_\_\_\_\_

If necessary, best time to call you at home is ..... AM  
..... PM

May we contact you at work? ..... ☐ YES ☐ NO

If yes, work number and best time to call ..... (\_\_\_\_) \_\_\_\_\_ AM  
..... PM

Have you filed an application here before? ..... ☐ YES ☐ NO ☐ Date \_\_\_\_\_

Have you ever been employed here before? ..... ☐ YES ☐ NO ☐ Date \_\_\_\_\_

Do you have a relative working for CAP ☐ YES ☐ NO (if yes, provide name): \_\_\_\_\_

### Education

School	Name-Location	Years Completed	Diploma/ D��gree	Major
High School	_____	_____	_____	_____
College or University	_____	_____	_____	_____
College or University	_____	_____	_____	_____
Other	_____	_____	_____	_____

# Employment

List Most Recent Employer First

All Requested Information Must be Complete

Date of Employment:

Month Year

From

To

Check One

☐ Full ☐ Part ☐ Temp

Employer's Name \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Salary \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Street Address \_\_\_\_\_ Duties \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Phone No: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

May we Contact for reference?

☐ YES ☐ NO

Date of Employment:

Month Year

From

To

Check One

☐ Full ☐ Part ☐ Temp

Employer's Name \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Salary \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Street Address \_\_\_\_\_ Duties \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Phone No: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

May we Contact for reference?

☐ YES ☐ NO

Date of Employment:

Month Year

From

To

Check One

☐ Full ☐ Part ☐ Temp

Employer's Name \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Salary \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Street Address \_\_\_\_\_ Duties \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Phone No: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

May we Contact for reference?

☐ YES ☐ NO

Date of Employment:

Month Year

From

To

Check One

☐ Full ☐ Part ☐ Temp

Employer's Name \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Salary \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Street Address \_\_\_\_\_ Duties \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Phone No: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

May we Contact for reference?

☐ YES ☐ NO

## U.S. Military

Branch of Service:

Date Of Service:

From \_\_\_\_\_ To \_\_\_\_\_

Are You Currently A Member Of  
The Reserve Or National Guard?  
☐ YES ☐ NO

List Applicable Service Schools: \_\_\_\_\_

**Skills and Qualifications** - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

**References** - List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code ( )	
	Area Code ( )	
	Area Code ( )	

**List professional, trade, business, or civic associations and any offices held.**

**Organization**

**Offices Held.**

List special accomplishments, publications, awards

List any additional information you would like us to consider.

Have you ever been convicted of any crime other than a minor traffic citation or violation of Uniform Code of Military Justice? ☐ No. If yes, describe in full. (*Conviction will not necessarily disqualify you from employment.*)

Type of Offense	Date of Conviction	City/County/State of Conviction

## Certification Of Agreement

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I understand and agree that any misrepresentation by me on this application may be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

Civil Air Patrol is an Equal Opportunity Employer. CAP does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing my consideration for employment on a basis prohibited by local, state or federal law.

I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. I understand I am free to resign at any time and I can be terminated at the will of Civil Air Patrol at any time, with or without cause, and without prior notice. I understand that no representative of Civil Air Patrol, other than the Executive Director, has authority to make assurances to the contrary. Any promise to the contrary will only be relied upon by me if it is in writing.

I understand it is Civil Air Patrol's policy not to refuse to hire a qualified individual with a disability because of the individual's need for an accommodation that would be required by the ADA.

Hire is subject to verification that I meet legal age and U.S. work permit requirements.

This application is current for six months. At the end of this time, if I have not heard from Civil Air Patrol and still wish to be considered for employment, it will be necessary to fill out a new application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Equal Employment Opportunity Voluntary Information

(Completion of information below is voluntary)

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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, or disability or any other legally protected status.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Please be advised that this survey is not part of your official application for employment. It is not for interview purposes and it will be filled separately from your application. This information is used to maintain statistical data that is required by the EEOC or as necessitated by other federal law or regulation.

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Applicant Information

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Name \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Last First MI Phone

Address \_\_\_\_\_  
Street Zip Code

### Please Check applicable identification groups:

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- ☐ White ☐ Black (not of Hispanic origin) ☐ Race Unknown  
☐ Hispanic
- ☐ Hispanic or Latino (All races) ☐ Hispanic or Latino (White race only) ☐ Hispanic or Latino (All Other races)
- ☐ Asian/ Pacific Islander ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Male ☐ Female
- ☐ Vietnam era veteran (*served 1964 - 1975*) ☐ Disabled Veteran

You are invited to volunteer this information, if you qualify to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.